

**REQUEST FOR
REFUND
Patent Application**

Address to:
Mail Stop 16
Director of the USPTO
P.O. Box 1450
Alexandria, VA 22313-1450

Application Serial No.	10/840,200
Filing Date	5 May 2004
First Named Inventor	Sieradzki et al.
Art Unit	3731
Examiner Name	Elizabeth Houston
Attorney Docket Number	AZMED.0400

Director:

Request is hereby made for refund of \$206.00 for the unnecessary payment for cancelled, unexamined claims not processed by the Office (18 total claims originally paid at 9.00 per claim, and 2 independent claims originally paid at 44.00 per claim). A copy of the previously submitted fee sheet is enclosed.

Accordingly, please forward the refund amount of \$206.00 to the undersigned at the following address:

Daniel J. Noblitt
NOBLITT & GILMORE, LLC.
4800 North Scottsdale Road
Suite 6000
Scottsdale, AZ 85251

If it would help to expedite this refund, please contact the undersigned at the telephone number listed below.

I am the:

- Applicant/Inventor
- Assignee of record of the entire interest.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).
- Attorney or Agent of record. Registration number 35,969.
- Registered practitioner named in the application transmittal letter in an application without an Executed oath or declaration. See 37 CFR 1.33(a)(1). Registration Number _____

Typed or Printed Name	Daniel J. Noblitt	
Signature		
Date	November 12, 2007	Telephone 480.994.9859
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple Forms if more than one signature is required, see below.		

